

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000		<b>32BJ</b> BENEFITS									
REMITTANCE REPORT		EIN:											
Due Date: APRIL 19, 2007		Account # 02819-04452-0003-0001-10		Receipt # 2122168									
Building Name:		Address: 101 MURRAY STREET											
Month End Date 03/31/2007		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> 401k	<input type="checkbox"/> Training						
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing	<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training						
LINE #	Employee Last Name	SSN	Job Class	Full Time / Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Month	Wages	401k
1	DAWKINS	078-62-3375	A	OT	F	Y			13	3			
2	FIDZINSKI	063-64-6660	B	OT	F	Y			13	3			
3	MEIKLE	101-66-1100	L	OT	F	Y			13	3			
4	NILAJ	109-88-2606	G	OT	P	Y			13	3			
TOTALS:								52	12				
FUNDS		Current Due		Advance Requirement Payment				Previous Amount Due (owed)		Total Due per Fund			
		Rate	Time Unit	Total	Rate	Time Unit	Total						
Health		899.22	x 12 =	10790.64	899.22	x	=						
Pension		58.75	x 52 =	3055.00									
Legal		18.63	x 12 =	223.56	18.63	x	=						
Profit Sharing		13.00	x 52 =	676.00									
401k													
Training		12.13	x 12 =	145.56	12.13	x	=						
Prepared By: MARTI LINCOLN		Title: HR/BENEFITS ADMINISTRATOR		TOTAL DUE		14890.76							
Email: MLINCOLN@GCA-SERVICES.COM		Phone: (718) 990-1554		Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10288-1477									
Signature: <i>Marti Lincoln</i>		Date:											
Comments:													
For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 388-3354													

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Building Service 32BJ Benefit Funds <b>REMITTANCE REPORT</b> EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000		<b>32BJ BENEFITS</b>								
Due Date: APRIL 19, 2007		Account # 02819-05755-0003-0001-10		Receipt # 2122172								
Building Name: ST JOHNS UNIVERSITY		Address: RT ST. JOHNS UNIVERSITY										
Month End Date 03/31/2007 <input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401k <input type="checkbox"/> Training		Quarter End Date 03/31/2007 <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> Training										
Employee Last Name	Init	Job Class	Full Time/Part Time	Exp. Status	Emp. Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Month	Wages	401k
ADAMS	J	OT	F	Y				13	3			
085-46-6024												
ALVAREZ	G	OT	F	Y				13	3			
111-46-0534												
ALZATE	M	OT	F	Y				13	3			
150-92-8922												
APONTE	N	OT	F	Y				13	3			
128-78-8728												
ARISTIZABAL	G	OT	F	Y				13	3			
121-92-7240												
ARNE	G	OT	F	Y				13	3			
082-82-1260												
ASENCIO	A	OT	F	N				13	3			
105-76-3225												
ASENCIO	A	OT	F	Y				13	3			
084-44-0101												
BETANCOURT	D	OT	F	Y				13	3			
062-46-7344												
BOBKO	A	OT	F	Y				13	3			
054-56-1581												
BORBOR	A	OT	F	Y				13	3			
063-74-4499												
BOYCE	V	OT	F	Y				11	3			
058-58-8116												
TOTALS:							154	36				
FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)		Total Due per Fund			
	Rate	Time Unit	Total	Rate	Time Unit	Total						
Health	899.22	x		899.22	x							
Pension	58.75	x										
Legal	18.63	x		18.63	x							
Profit Sharing	13.00	x										
401k												
Training	12.13	x		12.13	x							
Prepared By: MARTI LINCOLN			Title: HR/BENEFITS ADMINISTRATOR			TOTAL DUE						
Email: MLINCOLN@GCA-SERVICES.COM			Phone: (718) 990-1554									
Signature: <i>Marti Lincoln</i>			Date:									
Comments:												
For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 338-3354												

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Due Date: APRIL 19, 2007		Account# 02819-05755-0003-0001-10		Receipt# 2122172								
Building Name: ST. JOHNS UNIVERSITY		Address: RT ST. JOHNS JAMAICA										
Month End Date 03/31/2007		<input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401k <input type="checkbox"/> Training										
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> Training										
Employee Last Name		Init	Job Code	Full Time / Part Time	Exp. Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
SSN												
✓ CALVANTO		D	OT	F	N			13	3			
✓ 072-52-9402												
✓ CAMILLI		A	OT	F	Y			13	3			
✓ 123-62-1322												
✓ CAMPBELL		A	OT	F	Y			13	3			
✓ 102-34-0681												
✓ CAMPOS		N	OT	F	N				3			
✓ 086-75-2642												
✓ CAPELLAN		R	OT	F	Y			13	3			
✓ 077-62-5522												
✓ CARABALLO		R	OT	F	Y			13	3			
✓ 099-52-9301												
✓ CASTAGNETTO		M	OT	F	Y			10	3			
✓ 114-70-1258												
✓ CASTILLO		M	OT	F	Y			13	3			
✓ 582-48-4157												
✓ CUADRO		N	OT	F	Y	HI 11/10/2006		12	2	2		
✓ 051-80-2921												
✓ CHEN		X	OT	F	Y			13	3			
✓ 122-74-0634												
✓ CLAROS		J	OT	F	N				3			
✓ 050-68-0145												
✓ COLORADO		J	OT	F	Y			13	3			
✓ 059-74-5244												
TOTALS:							125	35				
FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)		Total Due per Fund			
	Rate	Time Unit	Total	Rate	Time Unit	Total						
Health	899.22	x		899.22	x							
Pension	58.75	x										
Legal	18.63	x		18.63	x							
Profit Sharing	13.00	x										
401k												
Training	12.13	x		12.13	x							
Prepared By: MARTI LINCOLN						Title: HR/BENEFITS ADMINISTRAT		TOTAL DUE				
Email: MLINCOLN@GCA SERVICES.COM						Phone: (718) 990-1554		Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477				
Signature: <i>Marti Lincoln</i>						Date:						
Comments:												
For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 388-3354												

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Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds <b>REMITTANCE REPORT</b> EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000			
Due Date: APRIL 19, 2007		Account # 03819-05755-0003-0001-10		Receipt # 2122173	
Building Name: ST JOHN'S UNIVERSITY		Address: RT ST. JOHN'S JAMAICA			
Month End Date 03/31/2007		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing
		<input type="checkbox"/> 401k	<input type="checkbox"/> Training		
		<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training		

L N B	Employee Last Name	SSN	Init	Job Class	Full Time/Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Month	Wages	401k
✓	CONDE	116-46-3096	A	OT	F	Y				13	3			
✓	CORNIER	092-36-0274	R	OT	F	Y				13	3			
✓	DAVILA	127-64-2883	M	OT	F	Y				13	3			
✓	DE NOVELLIS	107-40-8532	V	OT	F	Y				13	3			
✓	DEBRILL	138-66-1125	P	OT	F	Y				13	3			
✓	DEINGENIIS	131-36-4267	R	OT	F	Y	SD	12/01/2006		11				
✓	DICE	067-56-6141	R	OT	F	Y				13	3			
✓	DICE	067-56-7622	R	OT	F	Y				13	3			
✓	ENCHANTEQUI	068-61-1008	M	OT	F	Y				13	3			
✓	FLETCHER	052-48-7122	D	OT	F	Y				13	3			
✓	FONTANES	080-90-6125	D	OT	F	Y				13	3			
✓	FRANCO	076-56-4992	Y	OT	F	Y				13	3			
<b>TOTALS:</b>										153	33			

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x		899.22	x			
Pension	58.75	x						
Legal	18.63	x		18.63	x			
Profit Sharing	13.00	x						
401k								
Training	12.13	x		12.13	x			


Prepared By: MARTI LINCOLN		Title: HR/BENEFITS ADMINISTRATOR		<b>TOTAL DUE</b>  Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477	
Email: MLINCOLN@GCA-SERVICES.COM		Phone: (718) 990-1554			
Signature: <i>Marti Lincoln</i>		Date:			
Comments:					

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<b>Building Service 32BJ</b> <b>Benefit Funds</b> <b>REMITTANCE</b> <b>REPORT</b> EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000			
Due Date: APRIL 19, 2007		Account # 02819-05755-0003-0001-10		Receipt # 2122172	
Building Name: ST JOHNS UNIVERSITY		Address: RT ST. JOHNS JAMAICA			
Month End Date 03/31/2007		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing
		<input type="checkbox"/> 401k	<input type="checkbox"/> Training		
		<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training		

LINE	Employee Last Name	SSN	Job Class	Full Time / Part Time	Exempt	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Month	Wages	401k
1	FRIRE	056-62-9060	J	OT	F	Y			13	3			
2	GARELA	128-54-9086	J	OT	F	Y			13	3			
3	GALARCE	119-60-7507	F	OT	F	Y			13	3			
4	GALATA	122-43-0909	R	OT	F	Y			13	3			
5	GALICIA	085-72-7117	R	OT	F	Y			13	3			
6	GARCIA	110-46-5303	G	OT	F	Y			13	3			
7	GEVAD	124-36-3529	R	OT	F	Y			13	3			
8	GBRDCVCI	102-88-3179	R	OT	F	Y			13	3			
9	GIACOMANTON	109-38-2385	M	OT	F	Y			13	3			
10	GOMEZ	083-74-8825	J	OT	F	Y			13	3			
11	GUENAN	053-42-5341	O	OT	F	Y			13	3			
12	HAYNES	074-60-1980	T	OT	F	Y			13	3			
<b>TOTALS:</b>								147	36				

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x		899.22	x			
Pension	58.75	x						
Legal	18.63	x		18.63	x			
401k	13.00	x						
Training	12.13	x		12.13	x			
<b>TOTAL DUE</b>								

Prepared By: MARTI LINCOLN	Title: HR/BENEFITS ADMINISTRAT	<b>Make check payable and send payment to:</b> <b>Building Service 32BJ Benefit Funds</b> <b>P.O. Box 11477</b> <b>New York, NY 10286-1477</b>
Email: MLINCOLN@GCA-SERVICES.COM	Phone: (718) 990-1554	
Signature: <i>Marti Lincoln</i>	Date:	
Comments:		

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Building Name: ST JOHN'S UNIVERSITY		Address: RT ST. JOHN'S JAMAICA																																																																																																																																																																																																																																																																																																																																																					
Month End Date 03/31/2007		<input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401k <input type="checkbox"/> Training																																																																																																																																																																																																																																																																																																																																																					
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<table border="1"> <thead> <tr> <th>Employee Last Name</th> <th>Init</th> <th>Job Class</th> <th>Full Time / Part Time</th> <th>Experienced</th> <th>Emp Status Change Reason</th> <th>Employee Status Change Date</th> <th>Hours</th> <th>Weeks</th> <th>Months</th> <th>Adv. Member</th> <th>Wages</th> <th>401k</th> </tr> </thead> <tbody> <tr> <td>HELPERICH</td> <td>G</td> <td>OT</td> <td>F</td> <td>Y</td> <td>WC</td> <td>1/29/2007</td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>083-44-6084</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HERRERA</td> <td>A</td> <td>OT</td> <td>F</td> <td>Y</td> <td></td> <td></td> <td></td> <td>18.25</td> <td>3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>101-86-0643</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HEWITT</td> <td>J</td> <td>OT</td> <td>F</td> <td>Y</td> <td></td> <td></td> <td></td> <td>13</td> <td>3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>104-64-1938</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HIDROVO</td> <td>L</td> <td>OT</td> <td>F</td> <td>Y</td> <td></td> <td></td> <td></td> <td>13</td> <td>3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>123-48-5472</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HINKSON</td> <td>A</td> <td>OT</td> <td>F</td> <td>Y</td> <td></td> <td></td> <td></td> <td>13</td> <td>3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>106-52-0101</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>IBARRA</td> <td>M</td> <td>OT</td> <td>P</td> <td>Y</td> <td>TR</td> <td>1/21/2007</td> <td></td> <td>13</td> <td>3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>111-74-6362</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>INZANI</td> <td>F</td> <td>OT</td> <td>F</td> <td>Y</td> <td></td> <td></td> <td></td> <td>13</td> <td>3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>124-48-5329</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>JACQUES</td> <td>A</td> <td>OT</td> <td>F</td> <td>Y</td> <td></td> <td></td> <td></td> <td>13</td> <td>3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>093-66-4635</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>JOHNSON</td> <td>D</td> <td>OT</td> <td>P</td> <td>Y</td> <td></td> <td></td> <td></td> <td>13</td> <td>3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>053-44-6563</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>KALARITIS</td> <td>A</td> <td>OT</td> <td>F</td> <td>Y</td> <td></td> <td></td> <td></td> <td>13</td> <td>3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>132-72-3056</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>KNIPPING</td> <td>A</td> <td>OT</td> <td>F</td> <td>Y</td> <td></td> <td></td> <td></td> <td>13</td> <td>3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>051-72-0141</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>KOMOSINSKI</td> <td>J</td> <td>OT</td> <td>F</td> <td>Y</td> <td></td> <td></td> <td></td> <td>13</td> <td>3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>089-62-9478</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7">TOTALS:</td> <td></td> <td>143</td> <td>33</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Employee Last Name	Init	Job Class	Full Time / Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Member	Wages	401k	HELPERICH	G	OT	F	Y	WC	1/29/2007		1					083-44-6084													HERRERA	A	OT	F	Y				18.25	3				101-86-0643													HEWITT	J	OT	F	Y				13	3				104-64-1938													HIDROVO	L	OT	F	Y				13	3				123-48-5472													HINKSON	A	OT	F	Y				13	3				106-52-0101													IBARRA	M	OT	P	Y	TR	1/21/2007		13	3				111-74-6362													INZANI	F	OT	F	Y				13	3				124-48-5329													JACQUES	A	OT	F	Y				13	3				093-66-4635													JOHNSON	D	OT	P	Y				13	3				053-44-6563													KALARITIS	A	OT	F	Y				13	3				132-72-3056													KNIPPING	A	OT	F	Y				13	3				051-72-0141													KOMOSINSKI	J	OT	F	Y				13	3				089-62-9478													TOTALS:								143	33			
Employee Last Name	Init	Job Class	Full Time / Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Member	Wages	401k																																																																																																																																																																																																																																																																																																																																											
HELPERICH	G	OT	F	Y	WC	1/29/2007		1																																																																																																																																																																																																																																																																																																																																															
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KALARITIS	A	OT	F	Y				13	3																																																																																																																																																																																																																																																																																																																																														
132-72-3056																																																																																																																																																																																																																																																																																																																																																							
KNIPPING	A	OT	F	Y				13	3																																																																																																																																																																																																																																																																																																																																														
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TOTALS:								143	33																																																																																																																																																																																																																																																																																																																																														
Current Due				Advance Requirement Payment				Previous Amount Due (Owed)		Total Due per Fund																																																																																																																																																																																																																																																																																																																																													
FUNDS	Rate	Time Unit	Total	Rate	Time Unit	Total																																																																																																																																																																																																																																																																																																																																																	
Health	899.22	x		899.22	x																																																																																																																																																																																																																																																																																																																																																		
Pension	58.75	x																																																																																																																																																																																																																																																																																																																																																					
Legal	18.63	x		18.63	x																																																																																																																																																																																																																																																																																																																																																		
Profit Sharing	13.00	x																																																																																																																																																																																																																																																																																																																																																					
401k																																																																																																																																																																																																																																																																																																																																																							
Training	12.13	x		12.13	x																																																																																																																																																																																																																																																																																																																																																		
Prepared By: MARTI LINCOLN				Title: HR/BENEFITS ADMINISTRAT				TOTAL DUE																																																																																																																																																																																																																																																																																																																																															
Email: MLINCOLN@GCA-SERVICES.COM				Phone: (718) 990-1554																																																																																																																																																																																																																																																																																																																																																			
Signature: <i>Marti Lincoln</i>				Date:																																																																																																																																																																																																																																																																																																																																																			
Comments:																																																																																																																																																																																																																																																																																																																																																							
For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 388-3354																																																																																																																																																																																																																																																																																																																																																							

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Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds <b>REMITTANCE REPORT</b> EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000		<b>32BJ BENEFITS</b>									
Due Date: APRIL 19, 2007		Account # 02019-05755-0003-0001-10		Receipt # 2122172									
Building Name: ST JOHNS UNIVERSITY		Address: RT ST. JOHNS JAMAICA											
Month End Date 03/31/2007		<input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401k <input type="checkbox"/> Training											
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> Training											
LINE	Employee Last Name SSN	Init	Job Class	Full Time/ Part Time	Expe- rienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
✓	KOSZER 102-50-5256	S	OT	F	Y				13	3			
✓	KRUKOWSKI 079-84-0804	M	OT	F	Y				13	3			
✓	LAUCELLA 070-54-2027	M	OT	F	Y				13	3			
✓	LBHTZ 076-52-1362	P	OT	F	Y				13	3			
✓	LIGGAYU 090-78-2407	J	OT	F	Y				13	3			
✓	LIN 502-94-3808	A	OT	F	Y	HI	1/08/2007		17	3	2		
✓	LOCCICERO 100-52-3088	A	OT	F	Y				13	3			
✓	LOHDDNO 069-94-7121	J	OT	F	N				13	3			
✓	LOPEZ 058-70-0454	B	OT	F	Y				13	3			
✓	LOPEZ 126-80-4089	J	OT	F	N				13	3			
✓	LUNA 061-70-1991	B	OT	F	Y				13	3			
✓	MARTINEZ 582-25-9318	G	OT	F	Y				13	3			
TOTALS:								155	33				
Current Due				Advance Requirement Payment				Previous Amount Due (Owed)		Total Due per Fund			
FUNDS	Rate	Time Unit	Total	Rate	Time Unit	Total							
Health	899.22	x		899.22	x								
Pension	58.75	x											
Legal	18.63			18.63	x					x			
Profit Sharing	13.00	x											
401k													
Training	12.13	x		12.13	x								
Prepared By: MARTI LINCOLN								Title: HR/BENEFITS ADMINISTRAT		TOTAL DUE			
Email: MLINCOLN@GCA SERVICES.COM								Phone: (718) 990-1554		Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10288-1477			
Signature: <i>Marti Lincoln</i>								Date:					
Comments:													
For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 388-3354													

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Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds <b>REMITTANCE REPORT</b> EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000		<b>32BJ BENEFITS</b>								
Due Date: APRIL 19, 2007		Account# 02819-05755-0003-0001-10		Receipt# 2132172								
Building Name: ST JOHNS UNIVERSITY		Address: ST. JOHNS CAMPAIGN										
Month End Date 03/31/2007		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing							
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing							
		<input type="checkbox"/> 401k	<input type="checkbox"/> Training									
		<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training									
L I N E	Employee Last Name SSN	Job Class	Full Time / Part Time	Expe- rienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Acc. Months	Wages	401k
✓ 1	MATTIELLO 062-56-5501	OT	F	Y				13	3			
✓ 2	MEJIA 105-69-8223	OT	F	N				13	3			
✓ 3	MENDEZ 110-68-8613	OT	F	Y				13	3			
✓ 4	MONTEITH 131-42-7941	OT	F	Y				13	3			
✓ 5	MORTON 521-80-5714	OT	F	Y				13	3			
✓ 6	MOY 092-46-6893	OT	F	Y	NI	11/10/2006		13	2	2		
✓ 7	MULVANEY 121-52-0963	OT	F	Y				9	2	2		
✓ 8	NAOURE 146-08-3299	OT	F	N				13	3			
✓ 9	NOGA 117-56-1841	OT	F	Y				13	3			
✓ 10	NOGUEROLE 072-54-1546	OT	F	Y				13	3			
✓ 11	O. BRJBN 122-64-6264	OT	F	Y				13	3			
✓ 12	OUK 124-64-4922	OT	F	Y	HS	7/09/2006		13	3			
TOTALS:								131	34			
FUND		Current Due			Advance Requirement Payment			Previous Amount Due (Owed)		Total Due per Fund		
		Rate	Time Unit	Total	Rate	Time Unit	Total					
Health		899.22	x		899.22	x						
Pension		58.75	x									
Legal		18.63	x		18.63	x						
Profit Sharing		13.00	x									
401k												
Training		12.13	x		12.13	x						
Prepared By:		MARTI LINCOLN			Title:			HR/BENEFITS ADMINISTRATOR			TOTAL DUE	
Email:		MLINCOLN@GCA SERVICES.COM			Phone:			(718) 990-1554			Make check payable and send payment to:	
Signature:		<i>Marti Lincoln</i>			Date:						Building Service 32BJ Benefit Funds	
Comments:											P.O. Box 11477	
											New York, NY 10238-1477	
For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 388-3354												

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Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds <b>REMITTANCE REPORT</b> EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4736 WESTERN AVENUE KNOXVILLE, TN 37921-0000		<b>32BJ BENEFITS</b>									
Due Date: APRIL 19, 2007		Account # 02819-05755-0003-0001-10		Receipt # 2122172									
Building Name: ST. JOHNS UNIVERSITY Address: RT. ST. JOHNS CAMAICA													
Month End Date 03/31/2007		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing								
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing								
		<input type="checkbox"/> 401k	<input type="checkbox"/> Training										
		<input checked="" type="checkbox"/> Training											
LINE	Employee Last Name	Init	Job Class	Fed Time / Part Time	Exp. Entered	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
✓	PATRIZZO	J	OT	F	Y				13	3			
	100-20-2271												
✓	PATRIZZO	M	OT	F	Y				13	3			
	092-56-1085												
✓	PAVLICK	G	OT	F	Y				13	3			
	129-48-5123												
✓	PELAEZ	M	OT	F	Y				13	3			
	051-04-3163												
✓	PEÑA	J	OT	F	Y				13	3			
	090-62-0305												
✓	PERRIS	R	OT	F	Y				13	3			
	129-58-4512												
✓	PERRIS	R	OT	F	Y				13	3			
	129-58-4572												
✓	PINEIRO	A	OT	F	Y				5	1			
	109-90-3716												
✓	POLICASTRI	I	OT	F	Y				13	3			
	066-58-7043												
✓	PRADO	C	OT	F	Y				13	3			
	562-62-3602												
✓	RUELLS	R	OT	F	Y				13	3			
	101-80-6370												
✓	QUINN	F	OT	F	Y				13	3			
	054-34-1085												
TOTALS:								135	31				
FUNDS		Current Due			Advance Requirement Payment			Previous Amount Due (Owed)		Total Due per Fund			
		Rate	Time Unit	Total	Rate	Time Unit	Total						
Health		899.22	x		899.22	x							
Pension		58.75	x										
Legal		13.63	x		18.63	x							
Profit Sharing		13.00	x										
401k													
Training		12.13	x		12.13	x							
Prepared By: MARTI LINCOLN		Title: HR/BENEFITS ADMINISTRATOR			TOTAL DUE								
Email: MLINCOLN@GCASERVICES.COM		Phone: (718) 990-1554			Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477								
Signature: <i>Marti Lincoln</i>		Date:											
Comments:													

For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 338-3354

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Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ  
Benefit FundsREMITTANCE  
REPORT

EIN:

GCA SERVICES GROUP INC  
C/O MARTI LINCOLN  
4726 WESTERN AVENUE  
KNOXVILLE, TN 37921-0000

Due Date: APRIL 19, 2007

Account # 02819-05755-0003-0001-10

Receipt # 2122172

Building Name: ST JOHN'S UNIVERSITY

Address: RT ST. JOHN'S JAMAICA

Month End Date 03/31/2007 ☐ Health ☐ Pension ☐ Legal ☐ Profit Sharing ☐ 401k ☐ Training  
 Quarter End Date 03/31/2007 ☒ Health ☒ Pension ☒ Legal ☒ Profit Sharing ☒ Training

Employee Last Name	SSN	Job Class	Full Time / Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Month	Wages	401k
REINOSO	113-42-0092	R	OT	F	Y			13	3			
RODRIGUES	079-70-4115	M	OT	F	Y			13	3			
ROMAN	108-64-5426	P	OT	F	N			13	3			
ROSALLES	101-66-6335	M	OT	F	Y			13	3			
RUSSELL	076-34-5250	N	OT	F	Y			13	3			
SALAR	106-50-9818	N	OT	F	Y	WC 12/21/2006		10	2			
SALAZAR	066-70-6148	R	OT	F	Y			13	3			
SAMUELS	053-76-0995	Q	OT	F	Y			13	3			
SANGIOVANNI	064-62-8180	D	OT	F	Y			13	3			
SCARBOROUGH	051-40-5410	R	OT	F	Y			13	3			
SCHLESCHTER	055-36-6863	J	OT	F	Y			13	3			
SHIR	555-71-6663	P	OT	F	Y			13	3			
TOTALS:								153	35			

FUNDS	Current Due			Total	Advance Requirement Payment			Total	Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit			Rate	Time Unit				
Health	899.22	x			899.22	x				
Pension	58.75	x								
Legal	18.63	x			18.63	x				
Profit Sharing	13.00	x								
401k										
Training	12.13	x			12.13	x				

Prepared By: MARTI LINCOLN	Title: HR/BENEFITS ADMINISTRATOR	TOTAL DUE
Email: MLINCOLN@GCASSERVICES.COM	Phone: (718) 990-1554	Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10288-1477
Signature: <i>Marti Lincoln</i>	Date:	
Comments:		

For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 388-3354

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Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ

Benefit Funds

REMITTANCE

REPORT

EIN:

GCA SERVICES GROUP INC

C/O MARTI LINCOLN

4726 WESTERN AVENUE

KNOXVILLE, TN 37921-0000



Due Date: APRIL 19, 2007

Account # 02819-05755-0003-0001-10

Receipt # 2122172

Building Name: ST. JOHNS UNIVERSITY

Address: 21 ST. JOHNS JAMAICA

Month End Date 03/31/2007

☐ Health☐ Pension☐ Legal☐ Profit Sharing☐ 401k☐ Training

Quarter End Date 03/31/2007

☒ Health☒ Pension☒ Legal☒ Profit Sharing☒ 401k☒ Training

Employee Last Name	Init	Job Class	Full Time / Part Time	Exempt / Non-Exempt	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Month	Wages	401k
SITRO	P	OT	F	Y				13	3			
101-56-2766												
SOARES	A	OT	F	Y				13	3			
057-70-8496												
SOLOMON	G	OT	F	N				13	3			
089-62-8149												
SOTO	B	OT	F	N				13	3			
127-70-3977												
SOTO	R	OT	F	Y				13	3			
107-63-7260												
STEFANOVIC	G	OT	F	Y				13	3			
127-50-4609												
STRAZZERA	G	OT	F	Y				13	3			
089-48-6518												
STRUZZEIRI	J	OT	F	N				13	3			
095-70-3850												
SUCHOCKI	M	OT	F	Y				13	3			
055-71-2438												
SULLIVAN	T	OT	F	Y				13	3			
201-38-1708												
TATKOVIC	R	OT	F	Y				13	3			
083-76-6284												
THOMAS	C	OT	F	Y				13	3			
094-80-2396												
TOTALS:								155	36			

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x		899.22	x			
Pension	58.75	x						
Legal	18.63	x		18.63	x			
Profit Sharing	13.00	x						
401k								
Training	12.13	x		12.13	x			

Prepared By: MARTI LINCOLN

Title: HR/BENEFITS ADMINISTRATOR

TOTAL DUE

Email: MLINCOLN@GCASERVICES.COM

Phone: (718) 990-1554

Signature: *Marti Lincoln*

Date:

Comments:

Make check payable and  
send payment to:  
Building Service 32BJ Benefit Funds  
P.O. Box 11477  
New York, NY 10286-1477

For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 388-3354

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Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds <b>REMITTANCE REPORT</b> EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000		<b>32BJ BENEFITS</b>									
Due Date: APRIL 19, 2007		Account # 32819-05755-0003-0001-10		Receipt # 2122172									
Building Name: ST JOHNS UNIVERSITY		Address: ST. JOHNS JAMAICA											
Month End Date 03/31/2007 <input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401k <input type="checkbox"/> Training													
Quarter End Date 03/31/2007 <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> Training													
LINE	Employee Last Name	Init	Job Class	Full Time / Part Time	Experi-enced	Emp Status Change Reason	Employee Status Change Date	Hours	Wkly	Month	Adv. Month	Wages	401k
✓ 1	TIBO	A	OT	F	Y				13	3			
	102-78-9444												
✓ 2	TORTORELLI	M	OT	F	Y				13	3			
	109-68-1291												
✓ 3	TOT	S	OT	F	Y				13	3			
	118-60-9554												
✓ 4	TROCKS JR.	N	OT	F	Y				13	3			
	122-54-5789												
✓ 5	UNIGARRO	A	OT	F	Y				13	3			
	082-72-8329												
✓ 6	VILLAMIL	R	OT	F	Y				13	3			
	044-44-4875												
✓ 7	VITALE	L	OT	F	Y				13	3			
	087-69-7010												
✓ 8	WALSH	G	OT	F	Y				13	3			
	052-60-3700												
✓ 9	WILSON	S	OT	F	Y				13	3			
	068-60-6088												
✓ 10	ZAMBRANO	I	OT	F	Y				13	3			
	083-68-3759												
✓ 11	ZEPHIRIN	L	OT	F	Y	RE	1/20/2007		11	3			
	114-02-3369												
✓ 12	ZGALJARDIC	D	OT	F	Y				13	3			
	091-54-3762												
TOTALS:								154	375	6			
FUND		Current Due		Advance Requirement Payment		Previous Amount Due (Owed)		Total Due per Fund					
		Rate	Time Unit	Total	Rate	Time Unit	Total						
Health	899.22	x	378.275	= 339,405.16	899.22	x	6	=					
Pension	58.75	x	1625	= 95,468.75									
Legal	18.63	x	378.25	= 7,042.14	18.63	x	6	=					
Profit Sharing	13.00	x	1625	= 21,125.00									
401k													
Training	12.13	x	378.275	= 4,585.14	12.13	x	6	=					
Prepared By:		MARTI LINCOLN		Title:		HR/BENEFITS ADMINISTRATOR		TOTAL DUE					
Email:		MLINCOLN@GCASERVICES.COM		Phone:		(718) 990-1554		468,126.19					
Signature:		<i>Marti Lincoln</i>		Date:				Make check payable and send payment to:					
Comments:								Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10288-1477					

For questions regarding completion of this report or remittance of contributions, please contact Employee Services at: (212) 388-3354

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Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds <b>REMITTANCE REPORT</b> EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000		<b>32BJ BENEFITS</b>										
Due Date: APRIL 19, 2007		Account # 02819-05531-0003-0001-10		Receipt # 2122170										
Building Name:		Address: ST JOHN'S UNIV SCATEN												
Month End Date 03/31/2007		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> 401k	<input type="checkbox"/> Training							
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing	<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training							
Employees Last Name		SSN	Inlt	Job Class	Full Time / Part Time	Experi-enced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
AHMETAJ		095-06-2194	S	OT	F	Y				10.5	3			
BALDI		093-06-5589	I	OT	F	Y				13	3			
BAPTISTE		050-04-5476	M	OT	F	Y				13	3			
CANTON		053-62-9831	M	OT	F	Y				13	3			
DE NOVELLIS		107-40-8503	V	OT	F	Y				13	3			
DELUCA		111-34-5284	M	OT	F	Y				13	3			
FLYNN		080-74-0259	R	OT	F	Y		T 12/29/06		2	2			
GALE		087-54-4152	L	OT	F	N				13	3			
GOGA		109-54-2807	D	OT	F	Y				13	3			
JASARI		121-56-1451	F	OT	F	Y				13	3			
JASARI		066-66-7003	J	OT	F	Y				13	3			
KILLEN		109-40-6524	R	OT	F	Y				13	3			
TOTALS:									142	33				
FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)		Total Due per Fund					
	Rate	Time Unit	Total	Rate	Time Unit	Total								
Health	899.22	x		899.22	x									
Pension	58.75	x												
Legal	18.63	x		18.63	x									
Profit Sharing	13.00	y												
401k														
Training	12.13	y		12.13	x									
Prepared By: MARTI LINCOLN			Title: HR/BENEFITS ADMINISTRATOR			TOTAL DUE								
Email: MLINCOLN@GCA SERVICES.COM			Phone: (716) 990-1554			Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477								
Signature: <i>Marti Lincoln</i>			Date:											
Comments:														

For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 389-3354

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PAGE 1 OF 2



Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds <b>REMITTANCE REPORT</b> EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000		<b>32BJ BENEFITS</b>									
Due Date: APRIL 19, 2007		Account # 02819-05531-0003-0001-10		Receipt # 2122170									
Building Name:		Address: RT RT JOHN'S UNIV STATES											
Month End Date 03/31/2007		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> 401k	<input type="checkbox"/> Training						
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing	<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training						
Employee Last Name		Init	Job Class	Full Time/Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Month	Wages	401k
SSN													
LEKPERAJ		A	OT	F	Y				13	3			
068-88-4328													
LOPEZ		A	OT	F	Y				13	3			
056-68-4059													
LUCERO		F	OT	F	Y				13	3			
055-80-0589													
MANZIONE		D	OT	F	Y				13	3			
070-68-9539													
MC GOVERN		R	OT	F	Y				13	3			
121-35-0944													
NOEL		A	OT	F	Y				13	3			
085-52-4208													
OBRLEN		J	OT	F	Y	HS	7/09/2006		13	3			
118-42-2131													
PACHICO		C	OT	F	Y				13	3			
093-62-5739													
PACHICO		G	OT	F	Y				13	3			
076-64-2882													
PENA		M	OT	F	Y				13	3			
061-46-5238													
PENA		R	OT	F	Y				13	3			
129-84-6548													
ZIBERI		G	OT	F	Y				13	3			
066-76-3414													
TOTALS:									275	69			
FUND		Current Due			Advance Requirement Payment			Previous Amount Due (Owed)		Total Due per Fund			
		Rate	Time Unit	Total	Rate	Time Unit	Total						
Health		899.22	x 69	62046.18	899.22	x							
Pension		58.75	x 298276	17507.50									
Legal		18.63	x 69	1285.47	18.63	x							
Profit Sharing		13.00	x 298276	3874.00									
401k													
Training		12.13	x 69	836.97	12.13	x							
Prepared By:		MARTI LINCOLN			Title:			HR/BENEFITS ADMINISTRAT		TOTAL DUE 85,550.12			
Email:		MLINCOLN@GCASERVICES.COM			Phone:			(718) 990-1554		Make check payable and send payment to:			
Signature:		<i>Marti Lincoln</i>			Date:					Building Service 32BJ Benefit Funds			
Comments:										P.O. Box 11477			
										New York, NY 10288-1477			
For questions regarding completion of this report or remittance of contributions, please contact Employee Services at (212) 388-3354													

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